

Job Stress and Self- Efficacy among Psychiatric Nursing Working in Mental Health Hospitals at Cairo, Egypt

Rania. A. Zaki

Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Ain Shams University, Egypt

Abstract

Nursing stress is considered a problem that affects the practice worldwide. Job stress is a harmful response physically and emotionally when the nurses' skills, resources, and needs could not fulfill the requirement of the job. This study was aimed to assess job stress and self- efficacy among psychiatric nursing working in mental health hospitals at Cairo, Egypt. The study was conducted in two setting , 1st was El Abassia mental health hospital and 2nd was Institute of Psychiatry affiliated to Ain shams university hospitals . Tools used for data collection were 1) Socio-demographic interview questionnaire sheet, 2) psychiatric Nurses Job Stress Scale (PNJSS) and 3) General Self-Efficacy Scale (GSE). The main results showed that psychiatric nurses suffering from a different aspect of stress regarding psychiatric nurses ability, the attitude of patient, attitude to nursing and communication with patients and their families. Also, the result indicated that mostly of psychiatric nurses were have low self- efficacy. Furthermore, There was a statistically significant relation between stress, self - efficacy and socio demographic data of nurses under study. This study recommended that, Establish a psycho-educational program for psychiatric nurses to learn them how to cope positively with their stressors. Training programs and courses on self -efficacy would help the psychiatric nurse to enhance their stress bearing capacity and also improve their work performance.

Keywords: Job Stress, Self- Efficacy, Psychiatric Nursing

Introduction

Psychiatric nursing is regarded as one of the most stressful occupations in the world.

It considered as a challenging task for nurses physically and psychologically especially nurses who are faced with specialized work demands as well as the risk for job stress. The nurses responsibilities are challenging as they primarily work with the health, suffering, grief and death of people .Consequently, it is evident that nurses, in general, be liable to give a lot of themselves to help others. They work long hours in physically and mentally very tiring duties that may affect their own well-being **Omori,(2015)**.

Stress causes mental health disorders for psychiatric nurses, some common stressors include poor working relationships between nurses and doctors and other health care professionals, demanding communication and relationships with patients and relatives, emergency cases, high workload, understaffing and lack of support or positive feedback from senior nursing staff **Yada,(2015)**.

Psychiatric nurses have an unusual working environment that includes locked ward entrances as a result, the potential for patient conflict with the associated risk of both physical and mental danger violence perpetrated by aggressive patients and being required to seclude or restrain patients to prevent them from harming themselves or others are potentially present. Therefore, the structures of job-related stressors experienced by psychiatric nurses potentially differ from those of other workers **Kane, (2012)**. In addition to access to drugs and medication was a major stressor for psychiatric nurses, but not for other specialties. Psychiatric nurses may carry a daily feeling of stress related to medical accidents that are distinctive of psychiatric wards.

Self-efficacy is defined as having a belief in one's capability to succeed. It is concerned with the judgment of personal capabilities in unique situations and activities. It can contribute to reducing the overall stress .Three mechanisms have been proposed by which self-efficacy can reduce people's stress. First, self-efficacy may evoke positive emotions that can reduce stress. Second, self-efficacy can influence the evaluation of a negative event as a stressor, people who doubt their ability to control a negative event tend to dwell on their coping deficiencies and magnify the severity of the event. These inefficacious thoughts impair their ability to cope with stress and increase their perception of stress **Bandura, (2008) in Chang,(2016)** . Nursing self-efficacy involves expectations of learning the knowledge base and performing the various skills necessary to become a registered nurse. Outcome beliefs relate to the expectation that this education leads to the status of being a member of the nursing profession .psychiatric nurses with high self-efficacy will be more confident in their work, so they will be more likely to make extraordinary achievements in their work **Wang, (2016)**.

Significance of the problem

Psychiatric nurses are generally considered as a group at risk for stress because they are in constant interaction and frequent interpersonal contact with psychiatric clients and their families. They play an important role in transformation of mental health care to patients and their family ,stress resulting from their working has a cost for them in terms of health, wellbeing, self- efficacy and job dissatisfaction, as well as for organizations in terms

of absenteeism and turnover, which in turn may impact upon the quality of patient care **Gulavani, (2014) & konstantinos ,(2008)**. Additionally, The effect of stress has been considered an important cause of decreasing health and reduction in the level of self-efficiency of nurses, decreasing nursing personnel in long-term psychiatric facilities ,have displayed higher levels of stress, lower job satisfaction, and a higher propensity to quit than providers working in other types of health care settings. Caring for both the mental and physical health of the psychiatric patient is especially important for psychiatric nurses; thus, their roles have continued to expand over the years, in association with increases in the mental health services supplied by psychiatric departments. Self-efficacy is a key factor in nursing that may lead them to feel confident to perform well in complex situations. As nurses face difficult situations and master them, their confidence and self-efficacy increase, If psychiatric nurses' mental and physical health is not protected, they often experience mental health disorders, which can have a negative influence on health care services **Alidosti ,(2016) & AWUKU, (2013)**. so , it was important to assess job stress and self- efficacy among psychiatric nursing working in mental health hospitals at Cairo, Egypt for maintaining their mental health, and helping them to deal positively with their stressors, and achieving their role.

Aim of the Study: this study aimed to assess job stress and self- efficacy among psychiatric nursing working in mental health hospitals at Cairo, Egypt .

Research Question:

Are Egyptian nurses working in mental health hospitals in Cairo suffering from job stress?

What are levels of self –efficacy among nurses working in a psychiatric hospital?

Are there a relationship between Socio- demographic characteristics, stress and self-efficacy among nurses working in a psychiatric hospital?

Technical Design:

1- Research design:

A descriptive design was utilized in this study.

2- Study setting

The study was conducted in two setting , 1st was El Abassia mental health hospital and 2nd was Institute of Psychiatry affiliated to Ain shams university hospitals , these two setting provided care for all sectors in Egyptians community especially in Cairo.

3- Subject:

A convenience sample of a total 98 nurses from both genders who are working at the previously mentioned setting within three months duration from July (2015) to September (2015) was recruited in the study.

The inclusion criteria:

- Age range: from 20 to 60 years.
- Sex: both sexes (males and females).
- Nurses who are free from neurological or psychiatric disorder
- Working for at least one year continuously with full-time employment.

Exclusion criteria:

- Nurses who refused to participate in the study.

4. Tools of data collection:

Data were collected using the following tools:

A) Socio-demographic interview questionnaire sheet:

This sheet was constructed by the researcher after reviewing literature in the field of stress and self -efficacy among psychiatric nurses. It included :age, sex, marital status, level of education, occupation----etc

B) psychiatric Nurses Job Stress Scale (PNJSS):

It was developed by **Yada, (2011)** and modified by **Yada, (2015)**. It concerned with nurses' stressors in psychiatry departments by contributing to the self-care of psychiatric nurses and the line care of managerial staff. it containing 22 items, divided into Four factors. The first factor was named 'Psychiatric Nursing Ability', and it included 9 items related to the ability of psychiatric nurses. The second factor was named 'Attitude of Patients', and it included 6 items related to patients' attitude toward psychiatric nurses. The third factor was named 'Attitude about Nursing', and it included 5 items related to the nurses' attitude toward psychiatric nursing. The fourth factor was named 'Communication', and this referred to items related to communicating with patients and the patients' families including 2 items. The Cronbach's alpha coefficient was 0.816 for the scale and from 0.675 to 0.869 for each subscale.

C) General Self-Efficacy Scale (GSE)

It was created by **Schwarzer, (1995)** to assess a general sense of perceived self- efficacy with the aim to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. It was

composed of 10 items of . The responses were measured on the 4-point Likert scale: (1) Not at all true (2) Hardly true, (3) Moderately true (4) Exactly true. Cronbach's alpha of the scale varied from 0.75 to 0.91 . The General Self-Efficacy Scale is correlated to emotion, optimism, work satisfaction.

Scoring in this study:

Responses are made on the 4 Likert scale ,sum up the responses to all 10 items .the composite score with range from 10 to 40.below 20 considered low self –efficacy and more than 20 was high self –efficacy .

Operational Design:

1. Preparatory phase:

It included reviewing of literature & theoretical knowledge of the various aspects of this issue in order to develop the data collection tool.

2. Pilot study:

A pilot study was conducted on 10 nurses to test by the designed assessment tool and its applicability on the sample, and in order to estimate the time needed to fill in the sheets, and to identify obstacles or problems in data collection and accordingly necessary modifications were done. Subjects who shared in the pilot study were excluded from the main study sample.

3. Administrative Design:

Official letters were issued from the faculty of nursing, to the director of El Abassia mental health hospital and the director of the institute of psychiatry, explaining the aim of the study and requesting their permission for data collection and participation of nurses in the research process.

Ethical considerations:

The researcher emphasized to psychiatric nursing that the study was voluntary and anonymous. nurses had the full right to refuse to participate in the study or to withdraw at any time without giving any reason.

Field work:

Data collection was carried out from June 2015 to August 2015. The interview method was used for data collection; subjects were interviewed by the researcher, after explaining the aim of the study that was conducted through three phases:

Phase I: There was an introductory phase for researcher with psychiatric nurses to explain the aim of study and obtain the oral approval to participate in the study. The researcher inform the subjects that the time for collect the data was through two days weekly on (Saturday and Tuesday) in El Abassia mental health hospital and on (Sunday and Wednesday) in an Institute of psychiatry affiliated to Ain Shams University, and each nurse was interviewed individually by the researcher.

Phase II: There was a working phase for the researcher through which every nurse was interviewed to assess his/her knowledge regarding their psychiatric nursing job as related to psychiatric nursing ability, attitude toward patients, communication with patients and communication with patients' families through measure of psychiatric Nurses Job Stress Scale (PNJSS) , in addition to assessment of their coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events through measure of General Self Efficacy Scale(GSE). The researcher measures in a time ranged from 20 to 30 minutes.

Phase III: There was a terminating phase for the researcher through which ,A total of 98 nurses (male and female) who agreed to participate in the were assured that the information collected would be treated confidentially & that it would be used only for the purpose of the study.

II. Statistical Design:

In the present study, a frequency analysis, using SPSS 22 . The collected data were organized, categorized, tabulated and analyzed. Data were presented in tables and figure using actual numbers and percentage of tables. The statistical significance and association were assessed using Mean and stander deviation, T- test and Pearson correlation coefficient . The observed differences, associations were considered as follows:

$P > 0.05$ Not significant (NS)

$P < 0.05$ Significant (S)*

$P < 0.001$ High significant (HS)**

Results

Table (1) shows the socio-demographic characteristics of psychiatric nurses and found that more than half of nurses were ranged from 20 to <35years and had experience between 5- 10 years constituting (53.1%) . Regarding their sex, it was found that more than two- third of them (69.4%) were female. Concerning marital status (77.5%) were married. In addition to there was no one of them had master or doctorate degree , while about two third of them were a diploma nurse and working as a staff nurse constituted (64.3%) and(61.2%)

respectively.

Table(2) illustrates the stressors of psychiatric nurses under study regarding psychiatric nursing ability subscale and found that the greatest percent (91.8%) of psychiatric nurses did not think that they have psychiatric nursing ability, not think that they have knowledge about the laws, the institutions and the policies necessary for nursing, (77.6%) cannot be a nurse corresponded as the case requires and (64.3%) cannot express their opinion in front of others". Concerning attitude of patients subscale, it was found that the majority of psychiatric nurses (87.8%) answered that they feel pressured by patients' demands,(77.6%) feel that patients are negative about them, and (69%) feel that there are patients threatening and making them afraid ". As regards to attitude toward nursing, it was clear from this table that the highest proportion (93%) of psychiatric nurses did not feel that they can do integrated nursing, (88.8%) not feel that they have a difference of opinion with their superior .Meanwhile, the majority of them felt that there is a difference among nurses in the way of thinking about of nursing and constituting (91.8%) .Finally, Regarding communication, it was found that more than half of psychiatric nurses thought that it is difficult to communicate with the family of patients and also difficult to communicate with patients constituting (55%) and (64.3%) respectively.

Table (2a) indicated that there was a highly statistically significant relation detected between all subscale of psychiatric nurses job stress .

Table(3) summarized that the highest percentage (89%) of psychiatric nursing under study were can not remain calm when facing difficulties because they cannot rely on their coping abilities, and cannot usually handle whatever comes their way and (78%) of them were not confident that they could deal efficiently with unexpected events . Meanwhile, more than one- third (35%) of them were can solve most problems if they invest the necessary effort and more than one- fifth (20%) were If they in trouble, they can usually think of a solution.

The Figure(1) illustrated that the highest proportion (82.6%) of psychiatric nurses were in low self -efficacy level. Meanwhile, the minority of them (17.3%) were in high self- efficacy level.

Table (4) shows that there was a highly statistical significant relation between stress and self- efficacy among nurses working in a psychiatric hospital.

Table(5) displayed the relationships between stress, self-efficacy and socio- demographic characteristics of psychiatric nurses .Regarding self-efficacy and socio- demographic characteristics it was found that there was a statistically significant relation between self- efficacy and psychiatric nurses' age, occupation, and educational level. Also, Regarding stress and socio- demographic characteristics it was found that there was a statistically significant relation between there was a highly statistical significant relation between stress and psychiatric nurses' age. Meanwhile, there was no statistically significant relation between stress and psychiatric nurses' occupation and educational level

Discussion

The current study was conducted to assess job stress and self- efficacy among psychiatric nursing working in mental health hospitals at Cairo, Egypt.

The results of the present study reveals that, more than half of psychiatric nurses under the study are in age group from 20 to <35years and having experience in their work between 5- 10 years . This result is to some extent supported with **Sailaxmi,(2015)** who studied the impact of a stress management program on stress perception of nurses working with psychiatric patients and found that the majority of psychiatric nurses were in age from 24 to 35 years and their experience of working ranged from 2 years to 10 years.

The current study results clarified that females are relatively more common as main worker constituting more than two- third of psychiatric nurses under the study and more than three-quarter of them are married. This result is supported with **Verhaeghe ,(2014)** who study the mental health nurses' attitude and self-efficacy to adult inpatient aggression and found that more than two -third of mental health nurses under his study were female and were married .

The present study results clarified that there is no one of psychiatric nurses under the study have master or doctorate degree but the majority of them are diploma nurse and more than half of them are working as a staff nurse. This result is consistent with **SeeBeh, (2012)** who studied job stress and coping mechanisms among nursing staff in public health services and found that nearly half of nurses under study obtained diploma nurse. Meanwhile, these results disagree with **Yada,(2015)** who studied the factors influencing job-related stress in Japanese psychiatric nurses and noticed that Forty-one participants were managers (head or chief nurse).

The result of the present study shows that psychiatric nurses are suffering from job stress. Concerning psychiatric nurses ability sub- items ,the most of the psychiatric nurses are not think that they have the psychiatric nursing ability, not have knowledge about the laws, the institutions and the policies necessary for nursing ,can't be a nurse correspond as the case requires and can't express their opinion in front of others" . This could be due to psychiatric nurses' lack of preparedness and experiences for dealing with the psychiatric patient and emergency situation in addition to the lack of logistics and professional support at the psychiatric hospital which has been imposed stress on their work and lost the ability to do their roles. Furthermore the ward

atmosphere not supporting psychiatric nursing staff performance. This result is similar to **Ahanchian, (2015)** who studied nurses burnout in psychiatric wards and found that stressors are consequently affecting psychiatric nurses ability to care for patients. Also, this results in the same line with **Yau, (2012)** who concluded that the major sources of stress for nurses entail dealing with patients needs, inadequate preparation to deal with the emotional needs of patients and their families, working conditions, relationships at work, role conflict and ambiguity, organization structure lack of staff support, and uncertainty concerning treatment plans

Regarding the attitude of patients, the present study exposes that the majority of psychiatric nurses are feeling that they are pressured by patients' demands, feeling that patients are negative about them, and feel that there are patients threatening and making them afraid. This finding might be due to many factors such as lack of suitable working conditions, including failure to ensure a safe working environment and also due to interacting with a large number of patients with different diagnosis and with unpredictable patient behavior. These results concur with **Abushaikh, (2009)** who assess job satisfaction and burnout among Palestinian nurses in Gaza and found that more than one-third of nurses had moderate levels of stress and low levels of individual achievement in dealing with a patient.

About attitude toward nursing, The results explain that the highest proportion of psychiatric nurses are not feeling that they can do integrated nursing, haven't different opinion with their superior. While the majority of them feels that there is a difference among nurses in the way of thinking about of nursing constituting. This results might be due to lack of coordination, irregularities, lack of a clear job description and nurses deviated from their main tasks, lack of cooperation and intimacy between the staff these factors create a conflict with the role of the nurses, and disputes between nurses and put them under pressure which increases the mental and occupational stress. These findings agree with **Health Service Executive, (2012)** that denoted that psychiatric nurses in Ireland were more stressed by organizational relationship rather than the client issues. This results inconsistent with **Damit, (2007)** who studied the identified sources of stress and level of job satisfaction amongst nurses in Brunei and pointed out that nurses agree that they feel freedom in their work and to make a decision as they see fit and can count for their supervisor for support

Regarding communication, the current results illustrate that more than half of psychiatric nurses are thinking that it is difficult to communicate with the family of patients and think that it is difficult to communicate with patients. This could be due to caring for psychiatric patients always causes high workload pressure on nurses regarding patient care demands, lack of role confidence and competence especially with different psychiatric patients' diagnosis and characteristics which negatively caused emotional exhaustion to nurses and make them more liable to decrease their interests to communicate and or to respond to criticism and negotiation from patients and their families, in addition to patients with psychiatric disorders manifest positive symptoms and negative symptoms resulting in many situations as verbal and non-verbal aggression in which it is hard to communicate with nurses. This result is similar to that observed in a study with **Greiff, (1995)** in which it was found that psychiatric nurses working in a psychiatric institution are too busy to attend to the psychiatric patient and she hasn't opportunity to interact with them. Also, this explanation is supported with **Inoue et al., (2006)** in **Yoshizawa, (2016)** who studied the psychological impact of verbal abuse and violence by patients on nurses working in psychiatric departments in Japan, and reported that the majority of nurses were replied that they had experienced verbal abuse or violence that had left an impression on them to fear in communicate with them and feel threatening by those psychiatric patients.

The results of the present study indicate that there is a highly statistical significant relation detected in all aspects of psychiatric nurses job stress. This result could be due to workload, organizational pressures which includes perceived lack of organizational support, lack of resources, lack of autonomy, lack of competence and confidence, lack of communication and guidance and working with difficult patients and nursing care of psychiatric patients also leads nurses to face violent emotions and unpredictable behavior from patients and their families which can be quite stressful in all aspects of work.

The present study result clarifies that the highest percentage of psychiatric nursing understudy cannot remain calm when facing difficulties because they cannot rely on their coping abilities, and can't usually handle whatever comes their way and more than three-quarter of them are not confident to deal efficiently with unexpected events. This results might be due to psychiatric nurses are less confident about their abilities which consider one of multiplicity factors influencing psychiatric nurses ability to cope effectively with their work stress, these factors including generally insufficient educational preparation, uncooperative workplace atmosphere, lack of respect and acceptance from others, low self-esteem, lack of professional supervision, role conflicts, and unstructured working rules and responsibilities.

In addition to, there is more than one-third of them can solve most problems if they invest the necessary effort and more than one fifth if feels in trouble they can usually think of a solution. This could be due to they are used to face different stressors in their work and they are gain experience in managing work stressors as well as they have the enthusiasm to manage work problems, furthermore the staff nurse at hospital supporting each other to overcoming the work problems among themselves.

The results of the present study show that the highest proportion of psychiatric nurses are in low self-efficacy level. This result might be referring to feelings of hopelessness and difficulties in dealing with or doing one's job effectively. Meanwhile, the minority of them are in high self-efficacy level. This results could be due to psychiatric nurses have a higher level of work satisfaction, referring to the pleasure one derives from being able to provide care and had more confidence in dealing with psychiatric patients.

The result of the current study reveals that there are highly statistically significant differences between stress and self-efficacy among nurses working in a psychiatric hospital. This result is contradicting with **Elsom, (2007)** who found that there was negative correlation with self-efficacy and secondary traumatic stress in his study on Self-efficacy and locus of control affect management of aggression by mental health nurses

The results of this study illustrate that there is a highly statistical significant relation between psychiatric nurses' self-efficacy and their age, occupation, and educational level. This could be due to the fact that age and educational level are a key factor willingness nurses to learn to further improve their knowledge and to guided them to know themselves correctly and evaluate themselves objectively which important to improve themselves at work and in practice constantly that develop self-control, self-confidence, self-examination, and self-education and develop a higher individual self-efficacy. This result is supported with Wang,(2015) who studied the relationship between age, educational level and self-efficacy in women psychiatrists and found that women psychiatrists had significant differences experienced different ages and with Bachelor's degrees, and Master's or Ph.D. degrees. Also., this result is in the same line with Duffy,(2009) who pointed to the highly statistical connections between demographic factors and self-efficacy on his study about burnout among care staff for older adults with dementia :the role of reciprocity, self-efficacy, and organizational factors.

Regarding psychiatric nurses' stress, the present study concludes that there is a highly statistical significant relation between stress and psychiatric nurses' sex . This result might be due to the nature of the psychiatric nursing work which considers a stressful area of nursing practice especially for the female nurse who are stressed with extra responsibilities such as having too many non-nursing tasks and married nurses still find themselves saddled with most of the housework and child care responsibilities .Similar findings are present in the study of **Yada (2015)**, who found that factors influencing job-related stress in Japanese psychiatric nurses confirmed positive correlations within a significance between stress reaction and the nurses sex factor . In the same line there are some explanations for the high percentage of stress among female nurses were found in the study of **Liu et al, (2008)** who stated that generally women are found to have more psychological strains ,depression , stress and to experience greater sadness and anxiety .furthermore, in the study of **Chaplin, et al., (2008)** who also indicated that women might be more vulnerable to repeated stress exposures in his study on gender differences in response to emotional stress among nurses.

This study also emphasizes that there is no statistically significant relation between stress and psychiatric nurses' occupation and educational level. This study is supported with **Al Hoss et al., (2013)** who studied the effect of job stress on the health of Saudi nurses working in the ministry of health hospitals in Qassim region in KSA and found that nurses' work stress was not influenced by their educational level.

Conclusion

Based on the study results, it was concluded that psychiatric nurses suffering from a different aspect of stress regarding psychiatric nurses ability, the attitude of patient, attitude to nursing and communication with patients and their families. Also, There was a statistically significant relation between stress, self-efficacy and socio-demographic data of nurses under study .Furthermore, the result indicated that mostly of psychiatric nurses were have low self-efficacy.

Recommendation

- Establish a psycho-educational program for psychiatric nurses to learn them how to cope positively with their job stressors.
- Training programs and courses on self -efficacy would help the psychiatric nurse to enhance their stress bearing capacity and also improve their job performance.
- The Future research should be done with a larger sample size in several psychiatric hospitals and in a broader geographical area.
- Continuous workshop for understanding of the unique stressors and difficult situations that have an impact on psychiatric nurses, and for promoting the resilience among them .

References

1. Abushaikha,L.(2009) : Job satisfaction and burnout among Palestinian nurses.. Eastern Mediterranean Health Journal, Vol. 15, No. 1. 190-196.
2. Ahanchian, R. (2015)Nurses burnout in psychiatric wards .of Fundamentals of Mental Health Sep-Oct;

- 17(5):260-64.
3. Al Hosis, K., Mersal, F., and Keshk, L. (2013): Effect of job stress on health of Saudi nurses working in ministry of health hospitals in Qassim region and . *Life Science Journal*, vol(10), no.(1). pp:1036
 4. Alidosti, M. (2016): Association between job burnout and noise pollution among nurses in Behbahan city, Iran. *Journal of Fundamentals of Mental Health* 2016 Mar-Apr; 18(2): 103-8.
 5. Awuku, E. (2013): Stress, work engagement, and psychological well-being of the nurses at state hospitals in Windhoek, Rehoboth and Okahandja, a published Thesis submitted in partial fulfillment of the requirements for the degree of master of arts in clinical psychology, the university of Namibia, pp:1:3
 6. Bandura, A. (2008): An agentic perspective on positive psychology. *Positive psychology: Exploring the best in people*, vol. 1, pp. 167–196.
 7. Chang, L. (2016): Longitudinal relationships between two self-efficacy types and stress in active older adults in Taichung City, Taiwan *International Journal of Mental Health Promotion*, VOL. 18, NO. 2, 95–105
 8. Chaplin, T., Hong, K., Bergquist, K., & Sinha, R. (2008): Gender differences in response to emotional stress among nurses. *Clinical & Experimental Research* 32(7): 1242–1250.
 9. Damit, A. (2007): Identified sources of stress and level of job satisfaction amongst nurses in Brunei, Thesis for master of applied science research, pp.95
 10. Duffy, B. (2009): Burnout among care staff for older adults with dementia: the role of reciprocity, self-efficacy and organizational factors, *The international journal of research and practice*, vol. 8 no. (4). Pp: 515-541.
 11. Elsom, S. (2007): Self-efficacy and locus of control affect management of aggression by mental health nurses. *Issues in Mental Health Nursing*, vol. 28, pp. 201–217.
 12. Greeff, M. (1995): Psychiatric nurses' communication with psychiatric patients *General Psychiatric and Midwifery, Curationis*, vol. 18 no 4.
 13. Gulavani, A. (2014): Occupational Stress and Job Satisfaction among Nurses, *International Journal of Science and Research (IJSR)*, India, vol 3 no. 4, pp.733
 14. Health Service Executive, (2012): A Vision for Psychiatric/Mental Health Nursing; A shared journey for mental health care in Ireland. Office of the Nursing & Midwifery Services Director, Dublin.
 15. Inoue M, Tsukano K, Muraoka M, Kaneko F, Okamura H. (2006): Psychological impact of verbal abuse and violence by patients on nurses working in psychiatric departments in Japan. *Psychiatry Clin Neurosci*, vol 60, pp 29–36.
 16. Kane, P. (2012): stress causing psychiatric illness among nurses. *J occup envnt med*; 13(1). available from www.ijoem.com
 17. Konstantinos N, Christina O. (2008): Factors influencing stress and job satisfaction of nurses working in psychiatric units: A research review; 2(4). Available from www.hsj.gr/ volume 3 issues 3/337.
 18. Liu, C., Spector, E., & Shi, L. (2008): Use of both qualitative and quantitative approaches to study job stress in different gender and occupational groups. *Journal of Occupational Health Psychology* 13(4), 357–370.
 19. Omori, H. (2015): Development of the Psychiatric Nurse Job Stressor Scale (PNJSS), *Psychiatry and Clinical Neurosciences*; 65: 567–575
 20. Sailaxmi, G. (2015): Impact of a stress management program on stress perception of nurses working with psychiatric patients, *Asian Journal of Psychiatry*, vol (14). pp. 42–45
 21. Schwarzer, R. (1995): Generalized Self-Efficacy Scale, *J of health psychology*, pp:35- 37.
 22. See Beh, L. (2012): Job Stress and Coping Mechanisms among Nursing Staff in Public Health Services, *International Journal of Academic Research in Business and Social Sciences*, vol. 2(7), pp.131
 23. Verhaeghe, S. (2014): mental health nurses' attitude and self-efficacy to adult inpatient aggression. *Journal of Perspectives in Psychiatric Care*, Belgium and Researcher, pp.12
 24. Wang, C. (2015): Relationship between social support and self-efficacy in women psychiatrists, *Chinese Nursing Research*, vol 2, pp. 103:106.
 25. Wang, C. (2016): Relationship between social support and self-efficacy in women psychiatrists, Institute of Nursing, Binzhou Medical University, Yantai, Shandong
 26. Yada, H. (2011): Development of the Psychiatric Nurse Job Stressor Scale (PNJSS), *Psychiatry and Clinical Neurosciences*, vol. 65, no. 6, pp. 567–575.
 27. Yada, H. (2015): The supplement to Developing the Psychiatric Nurse Job Stressor Scale, *Int J Nurs Clin Pract*. Japan, 2: 145
 28. Yau S., (2012): Job stress among nurses in China, *Applied Nursing Research* 25: 60–64.
 29. Yoshizawa, K. (2016): Relationship between occupational stress and depression among psychiatric nurses in Japan. *Archives of Environmental & Occupational Health*, vol. 71, pp 10–15.

Table (1): Socio –Demographic Characteristics of Psychiatric nurses under Study

Items	Psychiatric Nurses (98)	
	No.	%
Age:-		
• 20- <35Y	52	53.1
• 35- <50Y	36	36.7
• 50- 60Y	10	10.2
Mean ± SD	35.29±7.1	
Sex:-		
• Male	30	30.6
• Female	68	69.4
Marital Status:-		
• Single	8	8.2
• Married	76	77.5
• Widow	8	8.2
• Divorced	6	6.1
Occupation:-		
• Nursing aides	10	10.2
• Staff nurse	60	61.2
• Head nurse	28	28.6
Educational level:-		
• Diploma	63	64.3
• Technician	4	4.1
• Bacclruate	31	31.6
• Master	0	0
• Doctorate	0	0
Years of experience:-		
• 1- <5y	8	8.2
• 5- <10y	52	53.1
• + 10y	38	38.8

Table (2): Job stress among psychiatric nurses under study

Items	Psychiatric nurses	
	Not at all %	Yes %
1- Psychiatric Nursing Ability		
I think that I can nurse and correspond as the case requires.	77.6	22.4
I think that I can explain the nursing that I am doing.	55.1	44.9
I think that I have the psychiatric nursing ability.	91.8	8.2
I think that my experience has been made use of on the job.	55.1	44.9
I feel that my role as a nurse is well-defined.	58.2	44.8
I think that I understand the patients.	55.1	44.9
I think that I can express my opinion in front of others.	64.3	35.7
I think that I have knowledge about the laws, the institutions and the policies necessary for nursing.	91.8	8.2
I feel that the direction my nursing is advancing in is not clearly defined.	19.4	80.6
2- Attitude of Patients		
I feel that patients are negative for me.	22.4	77.6
I feel that there are patients who have an unpleasant attitude toward me.	33.7	66.3
I feel that there are patients who are threatening and make me afraid.	31	69
I feel that I might get entangled in patients' behavior.	31.6	68.4
I feel that I am pressured by patients' demands.	12.2	87.8
I feel that patients make impossible demands on me.	35.7	64.3
3- Attitude Toward Nursing		
I feel that there is a difference between the philosophy of the institution and the reality.	10	90
I feel that there is a gap between my ideal and actual nursing.	23.5	76.5
I feel that there is a difference among nurses in the way of thinking about of nursing.	8.2	91.8
I feel that I have a difference of opinion with my superior.	88.8	11.2
I feel that I can do integrated nursing.	93	7
4- Communication		
I think it is difficult to communicate with the family of patients.	45	55
I think it is difficult to communicate with patients.	35.7	64.3

Table (2a): Total Score of Psychiatric Nurses Job Stress Scale

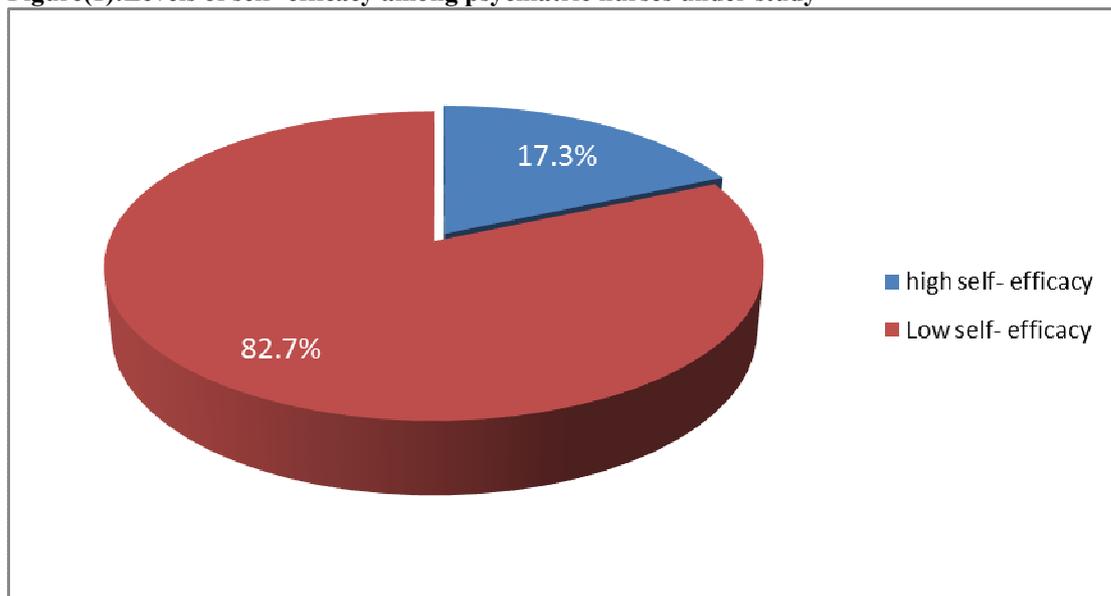
Items	Mean ± SD	T- Test	P- Value
• Psychiatric Nursing Ability	12.31±1.35	89.705	.000**
• Attitude of Patients	10.41±1.08	95.2	.000**
• Attitude Toward Nursing	7.79± 0.405	190.5	.000**
• Communication	2.32±0.471	48.86	.000**

**highly statistical significant relation

Table(3): Distribution of self-efficacy among psychiatric nurses under study

Items	Not at all true	Hardly true	Moderately true	Exactly true
	%	%	%	%
I can always manage to solve difficult problems if I try hard enough.	64	13	23	0
If someone opposes me, I can find the means and ways to get what I want	56	17	27	0
It is easy for me to stick to my aims and accomplish my goals.	40	22	26	12
I am confident that I could deal efficiently with unexpected events.	78	6	12	4
Thanks to my resourcefulness, I know how to handle unforeseen situations.	72	17	11	0
I can solve most problems if I invest the necessary effort.	65	0	35	0
I can remain calm when facing difficulties because I can rely on my coping abilities.	89	0	7	4
When I am confronted with a problem, I can usually find several solutions.	77	0	23	0
If I am in trouble, I can usually think of a solution.	69	11	0	20
I can usually handle whatever comes my way.	89	5	3	3

Figure(1): Levels of self-efficacy among psychiatric nurses under study



Table(4): Relationship between stress and self-efficacy among nurses working in psychiatric hospital

Items	Mean& SD	T-test	P- value
• Stress	13.62±4.21	31.97	.000
• Self-efficacy			

Table(5): Relationships between stress , self-efficacy and socio- demographic characteristics of psychiatric nurses under study

Items	Pearson correlation coefficient	
	Psychiatric nurses stress	Psychiatric nurses Self-efficacy
Socio- demographic	.209*	.291**
• Age	.775	.004
• Sex	.084**	.259*
	.000	0.010
• Marital status	.019*	.097-
	.855	.344
• Occupation	-.034-	.273**
	.742	.007
• Educational level	-.032-	.314**
	.775	.002
• Years of experience	.017*	.234
	.866	.021

* Correlation is significant

** Correlation is highly significant